

Why Changes to the Form are Needed

- New Data Management system (SDWIS State)
- Data Reliability
- Mandated reporting of Public Water System Supply data to Federal SDWIS database
- New information needed
- Better validation
- Edit checking capabilities

- Electronic submission of data from Water suppliers and labs (EDI – Electronic data Interchange)
- Master sample collector lists will still be accepted.
- Paper copies may not be required if submitted electronically.

EDI

- MS-ACCESS database application
- Can be used stand alone or on a networked PC
- Tables are used to validate data items (ex: PWS ID and SAMPLING POINT)
- Batches are converted to the proper file format that can be submitted to the State via email
- Records can be flushed or preserved in “history” tables
- Any errors in formatting will result in rejection
- KYDOW will send rejection back to lab for correction and reformatting

Options

- Application will be provided to both labs and water suppliers
- Data entry screen can be reconfigured to one's preferences
- The final text file must be in a very specific format
- Labs may choose to develop their own procedures to get data in the correct format

Dates of Implementation

- October 1, 2004 – Voluntary submission of new forms and electronic formats.
- November 1, 2004 Mandatory use of new forms.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

PWS ID

PWS Name

PWS Address

General Info

Lab ID

Lab Analyst

Sample Information

Section To Be Completed By Lab

Analysis Time (24 hr)

Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key)

Total Coliform (P/A)

E Coli (P/A)

Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions)

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

General Information This Section To Be Completed By Collector:

PWS ID K Y

PWS Name _____

PWS Address _____

Month, day and year format
(MMDDYYYY – 08102004).

Compliance Period (MMDDYY)

Collection Date (MMDDYYYY)
(All Samples Reported on this Form were Collected on this Date.)

Collector Name _____ Signature/Date _____

General Information

Lab ID □ □

Lab Analyst _____

Sample Information

[illegible]

ion -- This Section To Be Completed By Lab

[illegible]

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

BACTERIOLOGICAL ANALYSIS REPORT FROM KEY			
Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

PWS ID		Compliance Period (MMYYYY)	
K Y			
PWS Name		Collection Date (MMDDYYYY)	
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address		Collector Name	
		Signature/Date	

General Information -- This Section To Be Completed By Lab

Lab ID	<input type="text"/>	Lab Receipt Date (MMDDYYYY)	<input type="text"/>	Total Coliform Analysis Method Code	<input type="text"/>
		Analysis Date (MMDDYYYY)	<input type="text"/>	E Coli Analysis Method Code	<input type="text"/>
Lab Analyst	<input type="text"/>			Lab Supervisor	<input type="text"/>
	Signature/Date				Signature/Date

Sample Information -- This Section To Be Completed By Collector

MMDDYYYY

This is an optional element!

Identifies the date the sample was received at the lab.

MMDDYYYY

This is an optional element!

Identifies the date the sample was received at the lab.

Analysis Information -- This Section To Be Completed By Lab[illegible]

BACTERIOLOGICAL ANALYSIS REPORT FROM KEY

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

General Information – This Section is to be Completed by Collector.

PWS ID	<input type="text" value="K"/> <input type="text" value="Y"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Compliance Period (MMYYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PWS Name	<input type="text"/>	PWS Contact	<input type="text"/>
PWS Address	<input type="text"/>	PWS Phone	<input type="text"/>
		Collection Date (MMDDYYYY) (All Samples Reported on this Form were Collected on this Date.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Collector Name	<input type="text"/>

General Information -- This Section To Be Completed By Lab

General Information - This Section To Be Completed By Lab

Lab ID	<input type="text"/>	Lab Receipt Date (MMDDYYYY)	<input type="text"/>	Total Coliform Analysis Method Code	<input type="text"/>
	<input type="text"/>		<input type="text"/>	E Coli Analysis Method Code	<input type="text"/>
Lab Analyst	<input type="text"/>	Analysis Date (MMDDYYYY)	<input type="text"/>	Lab Supervisor	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>

Coded value for the method

Sample Information -- This Section To

[illegible]

Coded value for the method analysis (EX: Colilert – Presence /Absence = 309, Membrane filtration m-Endo = 303)

Only one method code can be reported per page!!! A new page must be used for each method used on a particular day.

This Section To Be Completed By Lab

[illegible]

BACTERIOLOGICAL ANALYSIS REPORT FROM KEY

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:020, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

PWS ID		Compliance Period (MMYYYY)	
K Y			
PWS Name		Collection Date (MMDDYYYY)	
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address		Collector Name	
		Signature/Date	

General Information - This section is to be completed by the

Lab ID	<input type="text"/>	Lab Receipt Date (MMDDYYYY)	<input type="text"/>	Total Coliform Analysis Method Code	<input type="text"/>
	<input type="text"/>		<input type="text"/>	E Coli Analysis Method Code	<input type="text"/>
Lab Analyst	<input type="text"/>			Lab Supervisor	<input type="text"/>
	Signature/Date				Signature/Date

Coded value for the

[illegible]

Only one method code can be reported per page!!! A new page must be used for each method used on a particular day.

[illegible]

OR = Original Site

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH

ANALYTICAL METHOD CODES FOR BACTERIOLOGICAL ANALYSES (revised July 2004)

<u>3100 COLIFORM, TOTAL</u>	<u>SM</u>	<u>3014 COLIFORM, E. COLI</u>	<u>SM</u>
303 - Membrane Filter mEndo	9222B	322 - NA-MUG	9222G
306 - Colilert-MPN	9223B-MPN	306 - Colilert-MPN	9223B-MPN
309 - Colilert-Presence/Absence	9223B-PA	309 - Colilert-Presence/Absence	9223B-PA
316 - Colisure-Presence/Absence	9223B-PA	316 - Colisure-Presence/Absence	9223B-PA
317 - Colisure-MPN	9233B-MPN	317 - Colisure-MPN	9223B-MPN
318 - Membrane Filter-mColiBlue24	9222B	318 - Membrane Filter-mColiBlue24	9222B
319 - Membrane Filter-Coliscan	9222B	319 - Membrane Filter-Coliscan	9222B
326 - Membrane Filter-MI Medium	EPA1604	326 - Membrane Filter-MI Medium	EPA1604
327 - Membrane Filter-Chromocult	9222B	327 - Membrane Filter-Chromocult	9222B
328 - Readycult-PA	9223B-PA	328 - Readycult-PA	9223B-PA
		321 - EC MUG-Presence/Absence	9221F-PA

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

General Information – This Section To Be Completed By Collector.

PWS ID	K Y [][][][][][][]	Compliance Period (MMYYYY)	[][][][][][][][]
PWS Name	_____	PWS Contact	_____
		Collection Date (MMDDYYYY) <small>(All Samples Reported on this Form were Collected on this Date.)</small>	[][][][][][][][]
PWS Address	[Redacted]		Signature/Date _____

General Information -- This S

Lab ID

Lab Analyst

Sample Information -- This S

[illegible]

New terminology!!!

Routine (RT) = These are the same as Distribution samples.

Repeat (RP) = These are the same as check samples.

Special (SP) = (Ex: line breaks, emergency repairs, line extensions, etc)

Specials do not count toward compliance and can not be substituted for repeat samples!!!!

Product Code

Smooth new Date

ed By Lab

[illegible]

BACTERIOLOGICAL ANALYSIS REPORT FROM KEY

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:020, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Se

PWS ID

PWS Name

PWS Address

General Information -- This Se

Lab ID

Lab Analyst _____

Sample Information -- This Section

[illegible]

This section is to be used when a sample is special.

Coded value indicating the reason for the sample.

A= suspected contamination

B= New plant,
Modification, or line
extension

C = Treatment Modification

D = Study/Investigation

E = Line break,
Emergency repair

	Compliance Period (MMYYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Collection Date (MMDDYYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(All Samples Reported on this Form were Collected on this Date.)						
	Collector Name	Signature/Date					

<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> </div> <div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> </div> </div>	<p>Total Coliform Analysis Method Code</p> <p>E Coli Analysis Method Code</p> <p>Lab Supervisor _____</p>	<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> </div> <div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> </div> </div> <p>Signature/Date</p>
---	---	---

s Information -- This Section To Be Completed By Lab

[illegible]

BACTERIOLOGICAL ANALYSIS REPORT FROM KEY

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:020, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

PWS ID		Compliance Period (MMYYYY)	
K Y			
PWS Name		Collection Date (MMDDYYYY)	
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address		Collector Name	
		Signature/Date	

General Information -- This Section To Be Completed By Lab

Lab ID	<input type="text"/>	Lab Receipt Date (MMDDYYYY)	<input type="text"/>	Total Coliform Analysis Method Code	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>	Analysis Date (MMDDYYYY)	<input type="text"/>	E Coli Analysis Method Code	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Lab Analyst	<input type="text"/>			Lab Supervisor	<input type="text"/>
					Signature/Date

Sample Information -- This

[illegible]

Only two choices: yes or
leave BLANK.

This section denotes that this sample is a replacement for a CNFG or TNTC negative sample.

Information -- This Section To Be Completed By Lab[illegible]

BACTERIOLOGICAL ANALYSIS REPORT FROM KEY

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:020, Section 1 and 401 KAR 8:040, and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

The three digit sampling point referencing the address or location

General Information -- This Section

Lab ID

Lab Analyst _____ Signature/Date _____

Sample Information - This Section

[illegible]

The three digit sampling point referencing the address or location where a sample is collected.

These are the approved numbers for Routine samples.

SDWIS/State will cross-check location codes with approved sample sites.

If reporting a Repeat sample (RP) you should enter RPU or RPD in this column for the upstream and downstream.

The original number should be used for the original site.

If the original sample was RPU or RPD, then use RPO.

Coliform Analysis Method Code

Analysis Method Code

Supervisor _____ Signature/Date _____

To Be Completed By Lab

[illegible]

The signatories of this form certify by their signatures that collection of the water sample analyzed and the resulting data hereby submitted is completed in accordance with the provisions of 401 KAR Chapter 8, including but not limited to 401 KAR 8:02, Section 1 and 401 KAR 8:02, the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

| (Only if Sample Type = SP)

B = New Plant, Modification,
or Line Extension

D = Study/investigation

Repeat Location Code:
(Only if Sample Type = RP)

DN = Downstream

UP = Upstream

Result:

TNTC = Too Numerous to Count

CNFG = Confluent Growth

PORT FROM KEY

at (For Compliance)

SP = Special (Not for Compliance)

ent Modification

E = Line Break, Emergency Repair

stream OR = Original Site

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

PWS ID		Compliance Period (MMYYYY)	
K Y			
PWS Name		Collection Date (MMDDYYYY)	
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address		Collector Name	
		Signature/Date	

General Information -- This Section To Be Completed By Lab

Lab ID	Lab Receipt Date (MMDDYYYY)	Total Coliform Analysis Method Code
Analysis Date (MMDDYYYY)	E Coli Analysis Method Code	
Lab Analyst	Lab Supervisor	
Signature/Date	Signature/Date	

Sample Information -- This Section To Be Completed By Collector

[illegible]

This is for Repeat samples only!

Original site = OR

Upstream = UP

Downstream = DN

This is a required element if the sample is a repeat.

This must be completed correctly to avoid a violation!!!!!!

BACTERIOLOGICAL ANALYSIS REPORT FROM KEY

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:020, Section 1 and 401 KAR 8:040, and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

PWS ID		Compliance Period (MMYYYY)	
K Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PWS Name	PWS Contact	Collection Date (MMDDYYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address	PWS Phone	Collector Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Signature/Date	
		<input type="text"/>	

General Information -- This Section To Be Completed By Lab

Lab ID: Lab Receipt Date (MMDDYYYY): Total Coliform Analysis Method Code:

Analysis Date (MMDDYYYY): E Coli Analysis Method Code:

Lab Analyst: _____ or _____

Signature/Date

Sample Information -- This Section To Be Completed By

[illegible]

Time must consist of 4 digits!!! (24-hour clock)

7:10 am = 0710

1:25 pm = 1325

Time		Signature/Date	
Time Completed By Lab			
Result	Total Coliform (P/A)	E Coli (P/A)	Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions)
Total Coliform Count - or - TNTC - or - CNFG (See Key)			

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:020, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

PWS ID		Compliance Period (MMYYYY)	
K Y			
PWS Name		Collection Date (MMDDYYYY)	
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address		Collector Name	
		Signature/Date	

General Information -- This Section To Be Completed By Lab

Lab ID	Lab Receipt Date (MMDDYYYY)	Total Coliform Analysis Method Code	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Analysis Date (MMDDYYYY)	E Coli Analysis Method Code	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Lab Analyst	Lab Supervisor		
<div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> <small>Signature/Date</small>	<div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> <small>Signature/Date</small>		

Sample Information -- This Section To Be Completed By Collector

Analysis Information -- This Section To Be Completed By Lab

[illegible]

This is the free chlorine residual.

Chloramine systems will not fill this section out.

Values should be in mg/L or ppm.

Note inclusion of decimal point. May be recorded in tenths or hundredths.

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

PWS ID		Compliance Period (MMYYYY)	
K Y			
PWS Name		Collection Date (MMDDYYYY)	
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address		Collector Name	
		Signature/Date	

General Information -- This Section To Be Completed By Lab

Lab ID	<input type="text"/>	Lab Receipt Date (MMDDYYYY)	<input type="text"/>	Total Coliform Analysis Method Code	<input type="text"/>
		Analysis Date (MMDDYYYY)	<input type="text"/>	E Coli Analysis Method Code	<input type="text"/>
Lab Analyst	<input type="text"/>			Lab Supervisor	<input type="text"/>
	Signature/Date				Signature/Date

Sample Information -- This Section To Be Completed By Collector

[illegible]**Analysis Information -- This Section To Be Completed By Lab**

<p>Chloramine systems must fill this section out.</p>	<p>Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions)</p>
<p>Chlorine systems may fill this out if they wish.</p>	
<p>This data should be in mg/L or ppm.</p>	
<p>Note inclusion of decimal point.</p>	

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:020, Section 1 and 401 KAR 8:040, and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

PWS ID	<div style="border: 1px solid black; padding: 2px;">K Y </div>		Compliance Period (MMYYYY)	<div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div>
--------	--	--	----------------------------	--

| PWS Name | | PWS Contact | | Collection Date (MMDDYYYY) (All Samples Reported on this Form were Collected on this Date.) |
| PWS Address | | PWS Phone | | Collector Name |

General Info

Lab ID	(MMDDYYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total Coliform Analysis Method Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(DDYYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	E Coli Analysis Method Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lab Analyst								Lab Supervisor	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right; font-size: small;">Signature/Date</div>		

Sample Infor

[illegible]

This is a unique number assigned by the lab for that year only.

This can contain up to 8 characters.

This can be devised any way a lab would like. One example is to combine the date analyzed with the location code (ex: 0816031 or 0922F32).

Collector

[illegible]

Analysis Information -- This Section To Be Completed By Lab

<div data-bbox="883 511 1161 742" style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 80px; height: 80px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 5px; height: 5px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 2px; height: 2px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 1px; height: 1px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.5px; height: 0.5px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.2px; height: 0.2px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.1px; height: 0.1px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.05px; height: 0.05px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.02px; height: 0.02px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.01px; height: 0.01px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.005px; height: 0.005px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.002px; height: 0.002px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.001px; height: 0.001px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.0005px; height: 0.0005px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.0002px; height: 0.0002px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.0001px; height: 0.0001px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.00005px; height: 0.00005px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.00002px; height: 0.00002px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.00001px; height: 0.00001px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.000005px; height: 0.000005px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.000002px; height: 0.000002px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.000001px; height: 0.000001px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.0000005px; height: 0.0000005px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.0000002px; height: 0.0000002px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.0000001px; height: 0.0000001px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.00000005px; height: 0.00000005px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.00000002px; height: 0.00000002px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.00000001px; height: 0.00000001px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.000000005px; height: 0.000000005px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.000000002px; height: 0.000000002px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.000000001px; height: 0.000000001px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.0000000005px; height: 0.0000000005px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.0000000002px; height: 0.0000000002px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.0000000001px; height: 0.0000000001px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.00000000005px; height: 0.00000000005px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.00000000002px; height: 0.00000000002px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.00000000001px; height: 0.00000000001px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.000000000005px; height: 0.000000000005px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.000000000002px; height: 0.000000000002px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.000000000001px; height: 0.000000000001px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.0000000000005px; height: 0.0000000000005px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.0000000000002px; height: 0.0000000000002px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.0000000000001px; height: 0.0000000000001px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.00000000000005px; height: 0.00000000000005px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.00000000000002px; height: 0.00000000000002px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.00000000000001px; height: 0.00000000000001px; display: flex; align-items: center; justify-content: center;"> <div data-bbox="883 511 1161 742" style="border: 1px solid black; border-radius: 50%; width: 0.000000000000005px; height: 0.000000000000005px; display: flex; align-items: center; justify-content: center;"> </div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div>

BACTERIOLOGICAL ANALYSIS REPORT FROM KEY

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:020, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

PWS ID		Compliance Period (MMYYYY)	
K Y			
PWS Name		Collection Date (MMDDYYYY)	
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address		Collector Name	
		Signature/Date	

General Information -- This Section To Be Completed By Lab

Lab ID	Lab Receipt Date (MMDDYYYY)	Total Coliform Analysis Method Code
Analysis Date (MMDDYYYY)	E Coli Analysis Method Code	
Lab Analyst	Lab Supervisor	
Signature/Date	Signature/Date	

Sample Information -- This Section To Be Completed By

[illegible]

This is the time
the sample was
analyzed in the
lab.

Do not indicate
am or pm.

Results must be four digits (ex: 7:10 am = 0710 and 1:25 pm = 1325).

-- This Section To Be Completed By Lab

[illegible]

BACTERIOLOGICAL ANALYSIS REPORT FROM KEY

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:020, Section 1 and 401 KAR 8:040, and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

PWS ID		Compliance Period (MMYYYY)	
K Y			
PWS Name		Collection Date (MMDDYYYY)	
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address		Collector Name	
		Signature/Date	

General Information -- This Section To Be Completed By Lab

Lab ID	Lab Receipt Date (MMDDYYYY)	Total Coliform Analysis Method Code
Analysis Date	E Coli Analysis Method Code	
Lab Analyst	Lab Supervisor	
Signature/Date	Signature/Date	

Sample Information -- This Section To Be Completed By

[illegible]

Enter the total coliform count if the method being utilized gives a count.

If there are no total coliform present then leave this column blank!! Do not enter 0.

You may also enter
TNTC or CNFG.

Section To Be Completed By Lab

[illegible]

BACTERIOLOGICAL ANALYSIS REPORT FROM KEY

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

PWS ID	<div style="border: 1px solid black; padding: 2px;">K Y </div>		Compliance Period (MMYYYY)	<div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div>
--------	--	--	----------------------------	--

| PWS Name | | PWS Contact | | Collection Date (MMDDYYYY) (All Samples Reported on this Form were Collected on this Date.) |
| PWS Address | | PWS Phone | | Collector Name |

General Information -- This Section To Be Completed By Lab

Lab ID	<input type="text"/>	Lab Receipt Date (MMDDYYYY)	<input type="text"/>	Total Coliform Analysis Method Code	<input type="text"/>
Lab Analyst	<input type="text"/>		Lab Supervisor	<input type="text"/>	
	<input type="text"/>			<input type="text"/>	

Sample Information -- This Section To Be Co

[illegible]

Indicate Presence (P) or Absence (A) of coliform in the sample.

If a sample is TNTC or CNFG negative (total coliform is entered as an **A**), only a replacement sample must be collected.

If a sample is TNTC or CNFG positive (total coliform is entered as **P**), then a set of three Repeat samples are required.

Be Completed By Lab

[illegible]

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:020, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

Special Sample Reason:
(Only if Sample Type = SP)

A = Suspected Contamination
B = New Plant, Modification,
or Line Extension

C = Treatment Modification
D = Study/Investigation

SP = Special (**Not** for Compliance)

E = Line Break, Emergency Repair

Repeat Location Code:
(Only if Sample Type = RP)

DN = Downstream

UP = Upstream

OR = Original Site

Result:

TNTC = Too Numerous to Count

CNFG = Confluent Growth

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information -- This Section To Be Completed By Collector

PWS ID <input type="text" value="K"/> <input type="text" value="Y"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Compliance Period (MMYYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PWS Name _____		PWS Contact _____	
PWS Address _____		PWS Phone _____	
		Collector Name _____	
		Signature/Date _____	

General Information -- This Section To Be Completed By Lab

General Information – This Section To Be Completed By Lab

Lab ID	<input type="text"/>	Lab Receipt Date (MMDDYYYY)	<input type="text"/>	Total Coliform Analysis Method Code	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Lab Analyst	<input type="text"/>	Analysis Date (MMDDYYYY)	<input type="text"/>	E Coli Analysis Method Code	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>

When a Routine sample (RT)

Sample Information -- This Section To Be Completed

[illegible]

When a Routine sample (RT) is positive for total coliform and a set of three Repeat samples have been collected, each of the repeat samples must reference the lab sample number of the original sample.

If this is not filled out, this may result in a violation!!!

BACTERIOLOGICAL ANALYSIS REPORT FROM KEY

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

BACTERIOLOGICAL ANALYSIS REPORT FROM KEY			
Sample Type:	RT = Routine (For Compliance)	RP = Repeat (For Compliance)	SP = Special (Not for Compliance)
Special Sample Reason: (Only if Sample Type = SP)	A = Suspected Contamination B = New Plant, Modification, or Line Extension	C = Treatment Modification D = Study/Investigation	E = Line Break, Emergency Repair
Repeat Location Code: (Only if Sample Type = RP)	DN = Downstream	UP = Upstream	OR = Original Site
Result:	TNTC = Too Numerous to Count	CNFG = Confluent Growth	

General Information -- This Section To Be Completed By Collector

P WS ID	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">K</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">5</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> </div>			Compliance Period (MMYYYY)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> </div>
P WS Name	<u>The Drinking Water Company</u>	P WS Contact		Collection Date (MMDDYYYY)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> </div>
				(All Samples Reported on this Form were Collected on this Date.)	
P WS Address	<u>123 Main Street, Anywhere, KY 12345</u>	P WS P hone	<u>(123) 456-7890</u>	Collector Name	<u>Signature/Date</u>

General Information -- This Section To Be Completed By Lab

Lab ID	12345	Lab Receipt Date (MMDDYYYY)	09142004	Total Coliform Analysis Method Code	303
		Analysis Date (MMDDYYYY)	09142004	E Coli Analysis Method Code	321
Lab Analyst	<div> <div></div> <div></div> </div>			Lab Supervisor	<div> <div></div> <div></div> </div>
	Signature/Date				Signature/Date

Sample Information -- This Section To Be Completed By Collector

R	T			1	2	3			Sample Time (24 hr)	Free Chlorine (Required for all disinfectants except Chloramine)	Total Chlorine (Required when disinfectant is Chloramine)									
									0	8	0	0	1	.	2	0		.		
														.				.		
														.				.		
														.				.		
														.				.		
														.				.		
														.				.		
														.				.		
														.				.		
														.				.		
														.				.		
														.				.		

An example of a routine sample taken on 9/14/04.

Analysis Information -- This Section To Be Completed By Lab

[illegible]

Collector Name _____
Signature/Date _____

Lab Supervisor _____
Signature/Date

[illegible]

PWS ID	K Y 1 2 3 4 5 6 7	Compliance Period (MMYYYY)	0 6 2 0 0 4
PWS Name	<u>The Drinking Water Company</u>	PWS Contact	<u>John Doe</u>
		Collection Date (MMDDYYYY)	0 6 1 4 2 0 0 4
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address	<u>123 Main Street, Anywhere, KY 12345</u>	PWS Phone	<u>(123) 456-7890</u>
		Collector Name	<u>Signature/Date</u>

Lab ID	1	2	3	4	5	Lab Receipt Date (MMDDYYYY)	0	6	1	4	2	0	0	4	Total Coliform Analysis Method Code	3	0	3
						Analysis Date (MMDDYYYY)	0	6	1	4	2	0	0	4	E Coli Analysis Method Code	3	2	1
Lab Analyst	<div> <div></div> <div>Signature/Date</div> </div>														Lab Supervisor	<div> <div></div> <div>Signature/Date</div> </div>		

[illegible][illegible]

PWS ID	K Y 1 2 3 4 5 6 7	Compliance Period (MMYYYY)	0 6 2 0 0 4
PWS Name	<u>The Drinking Water Company</u>	PWS Contact	<u>John Doe</u>
		Collection Date (MMDDYYYY)	0 6 1 5 2 0 0 4
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address	<u>123 Main Street, Anywhere, KY 12345</u>	PWS Phone	<u>(123) 456-7890</u>
		Collector Name	<u>Signature/Date</u>

Lab ID	1 2 3 4 5	Lab Receipt Date (MMDDYYYY)	0 6 1 5 2 0 0 4	Total Coliform Analysis Method Code	3 0 3
		Analysis Date (MMDDYYYY)	0 6 1 5 2 0 0 4	E Coli Analysis Method Code	3 2 1
Lab Analyst	_____			Lab Supervisor	_____
	Signature/Date				Signature/Date

[illegible]

Lab Sample Number	Analysis Time (24 hr)	Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key)			Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions)
0 0 0 0 0 0 2 4	1 4 0 0		A		0 0 0 0 0 0 2 3

PWS ID	K Y 1 2 3 4 5 6 7	Compliance Period (MMYYYY)	0 7 2 0 0 4
PWS Name	<u>The Drinking Water Company</u>	PWS Contact	<u>John Doe</u>
		Collection Date (MMDDYYYY)	0 7 1 4 2 0 0 4
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address	<u>123 Main Street, Anywhere, KY 12345</u>	PWS Phone	<u>(123) 456-7890</u>
		Collector Name	<u>Signature/Date</u>

Lab ID	1	2	3	4	5	Lab Receipt Date (MMDDYYYY)	0	7	1	4	2	0	0	4	Total Coliform Analysis Method Code	3	0	3	
						Analysis Date (MMDDYYYY)	0	7	1	4	2	0	0	4	E Coli Analysis Method Code	3	2	1	
Lab Analyst	<div> <div></div> <div></div> </div>														Lab Supervisor	<div> <div></div> <div></div> </div>			
	Signature/Date															Signature/Date			

[illegible][illegible]

PWS ID	K Y 1 2 3 4 5 6 7	Compliance Period (MMYYYY)	0 7 2 0 0 4
PWS Name	<u>The Drinking Water Company</u>	PWS Contact	<u>John Doe</u>
		Collection Date (MMDDYYYY)	0 7 1 5 2 0 0 4
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address	<u>123 Main Street, Anywhere, KY 12345</u>	PWS Phone	<u>(123) 456-7890</u>
		Collector Name	<u>Signature/Date</u>

Lab ID	12345	Lab Receipt Date (MMDDYYYY)	07152004	Total Coliform Analysis Method Code	303
		Analysis Date (MMDDYYYY)	07152004	E Coli Analysis Method Code	321
Lab Analyst	_____			Lab Supervisor	_____
	Signature/Date				Signature/Date

[REDACTED]				[REDACTED]				[REDACTED]				[REDACTED]				Sample Time (24 hr)	Free Chlorine (Required for all disinfectants except Chloramine)	Total Chlorine (Required when disinfectant is Chloramine)		
R	P			8	8	8	O	R	0	8	0	0	1	.	2	0		.		
R	P			R	P	U	U	P	0	8	3	0	1	.	2	0		.		
R	P			R	P	D	D	N	0	9	0	0	1	.	2	0		.		
														.				.		
<p>An example of repeat samples taken on 7/15/04 due to the sample result from 7/14/04. Note the positive sample result.</p>													.				.			
														.				.		
														.				.		
														.				.		
														.				.		

[illegible]

PWS ID	K Y 1 2 3 4 5 6 7	Compliance Period (MMYYYY)	0 7 2 0 0 4
PWS Name	<u>The Drinking Water Company</u>	PWS Contact	<u>John Doe</u>
		Collection Date (MMDDYYYY)	0 7 1 6 2 0 0 4
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address	<u>123 Main Street, Anywhere, KY 12345</u>	PWS Phone	<u>(123) 456-7890</u>
		Collector Name	<u>Signature/Date</u>

Lab ID	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">5</div> </div>	Lab Receipt Date (MMDDYYYY)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> </div>	Total Coliform Analysis Method Code	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> </div>
		Analysis Date (MMDDYYYY)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> </div>	E Coli Analysis Method Code	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> </div>
Lab Analyst	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>			Lab Supervisor	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
	Signature/Date				Signature/Date

												Sample Time (24 hr)	Free Chlorine (Required for all disinfectants except Chloramine)	Total Chlorine (Required when disinfectant is Chloramine)						
R	P			8	8	8	O	R	0	8	0	0	1	.	2	0		.		
R	P			R	P	U	U	P	0	8	3	0	1	.	2	0		.		
R	P			R	P	D	D	N	0	9	0	0	1	.	2	0		.		
														.				.		
														.				.		
														.				.		
														.				.		
														.				.		
														.				.		
														.				.		

An example of Repeat Samples taken on 7/16/04 due to sample results from 7/15/04.

[illegible]

PWS ID	K Y 1 2 3 4 5 6 7	Compliance Period (MMYYYY)	0 8 2 0 0 4
PWS Name	<u>The Drinking Water Company</u>	PWS Contact	<u>John Doe</u>
		Collection Date (MMDDYYYY)	0 8 1 4 2 0 0 4
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address	<u>123 Main Street, Anywhere, KY 12345</u>	PWS Phone	<u>(123) 456-7890</u>
		Collector Name	<u>Signature/Date</u>

Lab ID	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>	Lab Receipt Date (MMDDYYYY)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div>	Total Coliform Analysis Method Code	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div>
		Analysis Date (MMDDYYYY)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div>	E Coli Analysis Method Code	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>
Lab Analyst	<div style="border-bottom: 1px solid black; width: 100%;"></div> Signature/Date			Lab Supervisor	<div style="border-bottom: 1px solid black; width: 100%;"></div> Signature/Date

[illegible][illegible]

PWS ID	K Y 1 2 3 4 5 6 7	Compliance Period (MMYYYY)	0 4 2 0 0 4
PWS Name	<u>The Drinking Water Company</u>	PWS Contact	<u>John Doe</u>
		Collection Date (MMDDYYYY)	0 4 1 4 2 0 0 4
		(All Samples Reported on this Form were Collected on this Date.)	
PWS Address	<u>123 Main Street, Anywhere, KY 12345</u>	PWS Phone	<u>(123) 456-7890</u>
		Collector Name	<u>Signature/Date</u>

Lab ID	12345	Lab Receipt Date (MMDDYYYY)	04142004	Total Coliform Analysis Method Code	303
		Analysis Date (MMDDYYYY)	04142004	E Coli Analysis Method Code	321
Lab Analyst	_____			Lab Supervisor	_____
	Signature/Date				Signature/Date

				Sample Time (24 hr)				Free Chlorine (Required for all disinfectants except Chloramine)				Total Chlorine (Required when disinfectant is Chloramine)							
R	T			1	1	1		0	8	0	0	1	.	2	0		.		
R	T			2	2	2		0	8	3	0	1	.	2	0		.		
R	T			3	3	3		0	9	0	0	1	.	2	0		.		
R	T			4	4	4		0	9	3	0	1	.	2	0		.		
S	P	E		S	0	1		1	0	0	0	1	.	2	0		.		
													.				.		
													.				.		
													.				.		
													.				.		

An example of samples taken on 4/14/04.
Note the invalid and two positive sample results.

[illegible]

General Information -- This Section To Be Completed By Collector

PWS ID

KY1234567

PWS Name

The Drinking Water Company

PWS Address

123 Main Street, Anywhere, KY 12345

Compliance Period (MMYYYY)

042004

PWS Contact

John Doe

PWS Phone

(123) 456-7890

Collection Date (MMDDYYYY)

04152004

(All Samples Reported on this Form were Collected on this Date.)

Collector Name

Signature/Date

General Information -- This Section To Be Completed By Lab

Lab ID

12345

Lab Receipt Date (MMDDYYYY)

04152004

Total Coliform Analysis Method Code

303

Analysis Date (MMDDYYYY)

04152004

E Coli Analysis Method Code

321

Lab Analyst

Signature/Date

Lab Supervisor

Signature/Date

Sample Information -- This Section To Be Completed By Collector

					Sample Time (24 hr)	Free Chlorine (Required for all disinfectants except Chloramine)	Total Chlorine (Required when disinfectant is Chloramine)
R	P			222	OR	0800	1.20
R	P			RPU	UP	0830	1.20
R	P			RPD	DN	0900	1.20
R	P			444	OR	0930	1.20
R	P			RPU	UP	0945	1.20
R	P			RPD	DN	1000	1.20
R	T		Y	333		1015	1.20
							.
							.
							.

An example of replacement and repeat samples taken on 4/15/04 due to sample results from 4/14/04. Note the positive sample result.

Analysis Information -- This Section To Be Completed By Lab

Lab Sample Number	Analysis is Time (24 hr)	Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key)			Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions)
0 0 0 0 0 0 0 6	1 4 0 0		A		0 0 0 0 0 0 0 2
0 0 0 0 0 0 0 7	1 4 1 5	1 2 3 4	P	A	0 0 0 0 0 0 0 2
0 0 0 0 0 0 0 8	1 4 3 0		A		0 0 0 0 0 0 0 2
0 0 0 0 0 0 0 9	1 4 4 5		A		0 0 0 0 0 0 0 4
0 0 0 0 0 0 1 0	1 5 0 0		A		0 0 0 0 0 0 0 4
0 0 0 0 0 0 1 1	1 5 1 5		A		0 0 0 0 0 0 0 4
0 0 0 0 0 0 1 2	1 5 3 0		A		0 0 0 0 0 0 0 3

Collector Name _____ Signature/Date _____

Lab Supervisor _____
Signature/Date

An example of repeat samples taken on 4/16/04 due to sample results from 4/15/04.

[illegible]

Certified Lab Stakeholder Members

- Katie Seadler – Western KY University
- Ama Bentley – Appalachia State
- Jan Routt – KY- American
- Archie Fugate – McCoy and McCoy
- Dr. Ted Pass – Morehead University
- Rita Wright – Morehead University
- Dave Peat – Northern KY Water District
- Stephanie Stickler – Owensboro Municipal Utilities
- Kim Davis – Georgetown Water
- Clem Wethington – KY Rural Water
- Steve Fowler & Lonnie Banks – Richmond Utilities
- Lora Gowins – KYDOW
- Donna Marlin – KYDOW
- Jerry Pike – KYDOW
- Steve Poreda – KYDOW